## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**CLAIMS AS FILED - PART I** 

Application or Docket Number

09/64787

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                                       |                      |                              |                  |            | SMALL ENTITY TYPE OR |                        |       | OTHER THAN SMALL ENTITY |                        |
|--|--|---|---------------------------------------|----------------------|------------------------------|------------------|------------|----------------------|------------------------|-------|-------------------------|------------------------|
| TOTAL CLAIMS                                   |  |   |                                       |                      |                              |                  | Г          | RATE                 | FEE                    | )<br> | RATE                    | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                      | NUMBER EXTRA                 |                  |            | BASIC FEE            | 355.00                 | OR    | BASIC FEE               | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                        |  |   | 77 minus 20= *                        |                      | * 57                         |                  |            | X\$ 9=               |                        | OR    | X\$18=                  | 1026                   |
| INDEPENDENT CLAIMS                             |  |   | 3 mii                                 | nus 3 =              | * 2                          |                  |            | X40=                 |                        | OR    | X80=                    | 160                    |
| MU   | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT                                |                      |                              |                  |            | +135=                | ų.                     | OR    | +270=                   |                        |
| * If   | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |                      |                              |                  |            | TOTAL                |                        | OR    | TOTAL                   | 2046                   |
| CLAIMS AS AMENDED - PART II                    |  |   |                                       |                      |                              |                  |            | <u></u>              |                        |       | OTHER THAN              |                        |
| (Column 1)                                     |  |   | (Column 2)                            |                      |                              | (Column 3)       |            | SMALL E              |                        | OR    | SMALL                   |                        |
| AMENDMENT A                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVI         | BER<br>OUSLY                 | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . / / ( /                                 | Minus                                 | ** /                 | /_                           | =                |            | X\$ 9=               |                        | OR    | X\$18=                  |                        |
|  | Independent + //   |   | Minus                                 | DEPENDENT C          |                              | =                |            | X40=                 |                        | OR    | X80=                    |                        |
| <u> </u>                                       | THE STATE OF THE S |   |                                       |                      |                              |                  |            | +135=                |                        | OR    | +270=/                  |                        |
|  | •  |   |                                       |                      |                              |                  | Ä          | TOTAL<br>DDIT. FEE   |                        | OR    | TOTAL<br>ADDIT. FEE     |                        |
| (Column 1) (Column 2) (Column 3)               |  |   |                                       |                      |                              |                  |            |                      | •                      |       |                         |                        |
| AMENDMENT B                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                   |                              | =                |            | X\$ 9=               |                        | OR    | X\$18=                  |                        |
|  | Independent  | *   | Minus                                 | ***                  | F OL ALIA                    | =                |            | X40=                 |                        | OR    | X80=                    |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                      |                              |                  | <b>¹</b> [ | +135=                |                        | OR    | +270=                   |                        |
|  |  |   |                                       |                      |                              |                  | L          | TŌTAL                |                        | OP.   | TOTAL                   |                        |
|  |  | (Column 1)                                |                                       | (Colu                | mn 2)                        | (Column 3)       | А          | DDIT. FEE <b>L</b>   |                        | 1 4   | ADDIT. FEE              |                        |
| AMENDMENT C                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI | IEST<br>BER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                   |                              | =                |            | X\$ 9=               |                        | OR    | X\$18=                  |                        |
|  | Independent  | *   | Minus                                 | ***                  |                              | =                | <b> </b>   | X40=                 |                        | OR    | X80=                    |                        |
| L_   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                      |                              |                  |            | +135=                |                        |       | +270=                   |                        |
|  |  | mn 1 is less than th                      |                                       |                      |                              |                  | _ <b>L</b> | TOTAL                |                        | OR OR | TOTAL                   |                        |
| ***  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |   |                                       |                      |                              |                  |            |                      |                        |       |                         |                        |